Fairburn City Hall
56 Malone Street SW, Fairburn, GA 30213

City of Fairburn Property Tax Homestead Exemption for Disabled Veterans

The City of Fairburn offers a Homestead Exemption to residents who are veterans and widows of veterans within the city limits. This exemption reduces your assessed property value up to$50,000; Each household may only have **one** homestead exemption. ***Rental properties or investment properties are not eligible for this Homestead Exemption**

To be eligible for this exemption you must meet all of the following requirements:

- The applicant for the property must own and physically occupy the property as their primary residence.
- The applicant must have lived in the property as of January 1st, of the current tax year.

Applicants must provide one of the following options to verify their disabled status.

1. Letter from the Department of Veteran Affairs or Department of Veteran Service, stating the qualifying disability.
2. **a)** Copy of DD form 214 (Discharge Papers from Military Records)
   AND

   b) Letter from a Doctor who is licensed to practice medicine in the State of Georgia, specifically stating that the applicant is disabled and what their disability is due to.

This exemption is also eligible to surviving spouses and minor children of the veteran, provided that they meet the following requirements:

- The surviving spouse of the veteran must be un-remarried and a resident of Georgia
- Your spouse or parent was killed in a war or armed conflict under the command of the United States commander or otherwise.
- The surviving spouse and or minor children continue to live in the home as a residence and homestead.

The attached application contains further detailed information.

This application may also be processed by mail; however, it must be **POSTMARKED NO LATER THAN APRIL 1st**.In order to ensure timely delivery of your City Tax bill, it is strongly suggested to check and update your current mailing address.

Tel: (770)964-2244 Fax: (770) 969-3484

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If you have any further questions, please contact the City of Fairburn Property Tax Department: (770) 964-2244 x 115.

Tel: (770)964-2244 Fax: (770) 969-3484

HOMESTEAD EXEMPTION APPLICATION

Income Verification

DATE: _____

PROPERTY OWNER: _____

PROPERTY ADDRESS: _____

TELEPHONE NUMBER AREA CODE (____) _____

Claimant's Date of Birth: Month _____ Date _____ Year _____

Social Security No.: ___-___-___

Spouse's Date of Birth: Month _____ Date _____ Year _____

Social Security No.: ___-___-___

IF YOU HAVE FILED A FEDERAL OR GEORGIA STATE INCOME TAX RETURN, COMPLETE THIS SECTION

A. Federal - Line 22, Form 1040 (Total Income) $_____, or
Federal - Line 15, Form 1040-A (Total Income) $_____, or
Federal – Line 9, Form 1040-EZ (Adjusted Gross) $_____,

B. Federal - Line 35, Form 1040 (Adjusted Gross $_____, or
Federal – Line 18, Form 1040 (Adjusted Gross) $_____, or
Federal – Line 4, Form 1040 (Adjusted Gross) $_____,

C. Federal – Line 16A, Form 1040 (Total Pensions) $_____, or
Federal – Line 11B, Form 1040-A (Total Pensions) $_____,

D. Federal – Line 16B, Form 1040 (Taxable Pensions) $_____, or
Federal – Line 12B, Form 1040-A (Taxable Pensions) $_____,

E. Federal - Line 20B, Form 1040 (Taxable Social Security) $_____, or
Federal – Line 14B, Form 1040-A (Taxable Social Security) $_____,

F. Federal – Line 41, Form 1040 (Taxable Income) $_____,

G. List total amount of Social Security 20A, RR Retirement or V.A. Disability received by you and your spouse $_____

COMPLETE ONLY IF YOU DID NOT FILE A FEDERAL OR GEORGIA STATE INCOME TAX RETURN

A. Total amount of income received by you and your spouse from Social Security, RR, Retirement, or V.A. Disability during the preceding year:

Claimant $_____

Spouse $_____

Total $_____

B. Total amount of income received by you and your spouse from any other pension, retirement, or disability benefit plan during the preceding year:

Claimant $_____

Spouse $_____

Total $_____

C. Total amount of all income received by you and your spouse from any other source whatsoever during the preceding year:

Claimant $_____

Spouse $_____

Total $_____

****

I the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, that I am the bona fide owner of the property for which this tax exemption is claimed, that I actually occupied same as my primary residence on January 1 of the year for which this tax exemption is claimed, I am 65 years of age or older, and my net income together with the income of each member of my family who resides in the homestead, is as stated above and that no transaction has been made in collusion with another for the purpose of obtaining this tax exemption contrary to Law.

This_____day of_____20_____.

_____
Homestead Claimant

_____Tax Receiver

STATE OF GEORGIA

CITY OF FAIRBURN

Application for $10,000 Homestead Exemption

For Persons 65 Years of Age and Older or Disabled

I,_____ do hereby apply for a $10,000 Homestead Exemption for persons 65 years of age and older from Ad Valorem taxes assessed by the City of Fairburn on my house and lot that I occupy as a resident located at _____. This application is made pursuant to laws of the State of Georgia

_____ My spouse does not live with me at said residence.

_____ I certify that my adjusted gross income, together with the adjusted gross income (as defined in the IRS Code) not including retirement, survivor or disability benefits paid by any public or private retirement, pension or disability system, under the Federal Social Security Act, was less than $15,800 for the preceding tax year.

_____ My spouse does live with me at said residence.

_____ I certify that my adjusted gross income (as defined in the IRS Code), together with the adjusted gross income of my spouse (not including retirement, survivor or disability benefits paid by any public or private retirement, pension or disability system, under the Federal Social Security Act, was less than $31,600.00 for the preceding tax year.

_____ I certify that I am 65 years of age or older or will be 65 by April 1 of the year which this exemption applies.

_____ I understand (per City Code) that, if for any reason, I become ineligible for homestead exemption it is my responsibility to notify the City of Fairburn Tax Office.

I have also been granted a similar homestead exemption by

(Fulton) County Yes _____ No _____

I certify that no transaction has been made in collusion with another for the purpose of obtaining this tax exemption contrary to law.

I swear that all the foregoing statements are true.

This the _____ day of _____, _____.

_____

Homestead Claimant

_____

Tax Receiver (City of Fairburn)